2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 04, 2006 08:00 AM Secretary of State

1. Entity Name
GLIMCHER UNIVERSITY MALL LIMITED PARTNERSHIP



Principal Place of Business 150 EAST GAY STREET COLUMBUS, OH 43215 Mailing Address

150 EAST GAY STREET COLUMBUS, OH 43215



DO NOT WRITE IN THIS SPACE

f landsing filtin spell landi masis andis n	Mils wwisi wwiie was de mark de de la company de la compa
01132006 No Chg-LP	CR2E003 (11/05)

. FEI Number			Applied For
31-1578002	[Not Applicable
	60 7	-	

		61 101000Z
		5. Certificate of Status Desired
	6. Name and Address of Current Registered Agent	
1201 HAY	ATION SERVICE COMPANY S STREET SSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
		IN THIS STAGE
6. The above the obligat	e named entity submits this statement for the purpose of changing its register tions of registered agent.	ered office or registered agent, or both, in the State of Florida. I am tamillar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	
	NOTE: General Partners MAY NOT be changed on the for	MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. m; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT # NAME	F97000006624 GLIMCHER TAMPA, INC.	
STREET ADDRESS	150 EAST GAY STREET	U00000491441
CITY-ST-ZIP	COLUMBUS, OH 43215	04/19/06-80022-013 500.
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		DO NOT WRITE
STREET ADDRESS CITY-ST-ZIP		DO NOT WINITE
		IN THIS SPACE
DOCUMEN(# NAME		
STREET ADDRESS		
CITY-ST-ZIP	}	
DOCUMENT #		
NAME		
STREET ADDRESS		
City-\$1-2iP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		exemptions contained in Chapter 119, Florida Statutes. I further certily that the information

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under cath; that I am a General Pariner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 820, Florida Statutes

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAM

Lisa A. Indest

3/23/04

614.621.9000